

Integration of
Human Services
Volume 1

Survey of Consolidated
Municipal Service
Managers in Ontario

March 2000

The report "Integration of Human Services" is published in two volumes:

Volume 1: Survey of Consolidated Municipal Service Managers in Ontario
Volume 2: Case Studies

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Ministry of Community and Social Services

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ISBN 0-7778-9482-3

500/03/00

Ce document est également disponible en français.



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Acknowledgements

The Social and Community Health Services Implementation Project wishes to acknowledge the contributions of the following to the development of this report:

- the staff of the Consolidated Municipal Service Managers, who participated in pretesting the survey instruments, completed the questionnaires and participated in interviews,
- the French translators, Marie Wermenlinger and Geneviève Laurier, and
- the writer/editor, Doreen Pitkeathly, who developed a summary of the two volumes of this report.

Executive Summary

Context: The provincial and municipal sectors have been implementing integrated approaches to the administration and delivery of human services. The objectives of doing so are to improve service quality and increase efficiency. A survey on human services integration was carried out in 1999 by the Ministry of Community and Social Services in order to create a base of information upon which both levels of government could draw as they move forward in developing, implementing and supporting systems of integrated services. The survey consisted of a questionnaire that was sent to the 47 Consolidated Municipal Service Managers (CMSMs) and case studies in 10 sites.

Reports: The report on the survey is presented in two volumes. Volume I describes integration at the municipal and provincial levels, the conceptual framework that guided the survey, the broad categories of integration, and the lessons learned. Volume II, under separate cover, contains the reports on 10 case studies. These were conducted in the following CMSMs: Brantford, Hamilton-Wentworth, Halton, Cochrane DSSAB, Dufferin County, Toronto, York Region, Kingston, and Ottawa-Carleton. An additional case study focused on an initiative led by the local public health unit that serves the populations of Grey County and Bruce County, in partnership with a regional office of the Ministry of Community and Social Services.

Conceptual Framework: The conceptual framework identifies aspects of governance, administration and service delivery that can be designed to foster integration within service systems. The framework also identifies design principles that characterize such a system: client-centered, coordinated, complementary, accessible, and flexible.

Findings: Integration approaches described by the CMSMs fell into seven broad categories:

1. approaches that focused on employment supports and services
2. integration of public health and social services, e.g., a range of services for special need or high risk children
3. integration among different social services, e.g., Ontario Works (OW) employment assistance and child care
4. integration of management of social housing with management of other social services
5. homelessness
6. integration of services for teen parents who are OW participants (Learning, Earning, and Parenting)
7. National Child Benefit Municipal reinvestment

The responses to the questionnaire and the case studies revealed many challenges and key success factors associated with integration. These "lessons learned" are described in relation to the results of other, similar work on integration.

Part A: Context

This section describes the purpose of the CMSM survey on human services integration and the municipal and provincial environments in which the survey was conducted. The survey is also placed in the context of other provincial efforts to support service integration at a municipal level.

1. Introduction

In June 1999, the Social and Community Health Services Implementation Project of the Ministry of Community and Social Services undertook a survey of the forty-seven Consolidated Municipal Service Managers (CMSMs). The survey was designed to gather information on the various ways in which CMSMs are integrating the management and delivery of human services. Volume I of this report provides:

- an overview of the municipal and provincial context within which different approaches to integrating the management and delivery of human services is being undertaken,
- a conceptual framework that was developed for this survey,
- a summary of the approaches to integration that were reported by CMSMs, and
- a summary of lessons learned.

Volume II includes the reports on case studies that were conducted on selected integration approaches.

2. The New Municipal Context

In January 1997, the Province of Ontario announced a major realignment of provincial and municipal responsibilities, originally known as Who Does What and now known as Local Services Realignment (LSR). Before LSR, municipalities were primarily deliverers of some social services, e.g., Ontario Works and in some cases Child Care. As a result of realignment, responsibility for managing a number of human services was transferred to forty-seven CMSMs. In Northern Ontario, the new service managers are District Social Services Administration Boards (DSSABs), a type of CMSM, as well as the Regional Municipality of Sudbury. CMSMs are responsible for managing the delivery of Ontario Works (including Learning Earning And Parenting, Child Care), the municipal National Child Benefit reinvestment, and programs for the homeless (see Appendix A for program descriptions). With the devolution of social housing, CMSMs will be responsible for managing these programs as well. In some cases, CMSMs will also manage public health and land ambulance services.

The primary objectives of transferring responsibility to CMSMs for service system management of these programs were to:

- increase accountability to taxpayers,
- enable local governments to streamline service delivery,
- create a platform for the development of local expertise and innovation, and
- improve services to people.

A key assumption is that CMSMs, with their knowledge of the local communities and service systems, are well-positioned to identify the needs of their communities and to shape the service systems to meet these needs.

3. Integration as a Municipal Goal

The municipal sector has been developing integrated approaches to the delivery of services for some time. For example, many municipalities have partnered with HRDC in employment resource centres. Some municipalities have elected to participate in the Healthy Cities initiative. The Healthy Cities movement was launched by the World Health Organization in 1984 as a result of the Healthy Toronto 2000 symposium and now involves more than 3,000 municipalities world-wide, all of which share the objective of improving the quality of life for and with their citizens.

Since assuming overall responsibility for service system management for a number of social and health services, municipal interest in integration has grown. Recently, the Ontario Municipal Social Services Association (OMSSA), Northern Ontario Service Deliverers Association (NOSDA), and the Association of Municipalities of Ontario (AMO) have included sessions on integration in their conferences and workshops. As well, OMSSA has prepared a comprehensive paper (Integrated Services for Children, October 15, 1999) that:

- summarizes the history of children's services integration initiatives in Ontario, the role of the municipal sector in service integration, and provincial integration initiatives,
- proposes a framework for integrated services for children,
- provides case examples of integrated services for children,
- lists common features of integrated services initiatives, and
- identifies lessons learned about effective integration.

AMO affirms its support for integration in the report "Establishing the Context: Current Trends and Policies for Evaluating the Future Municipal Role in Health and Social Services". The report describes some of the integration initiatives that municipalities have implemented in order to reduce costs, improve efficiency, and provide higher quality services.

4. Integration as a Provincial Goal

The Province has strengthened its own capacity to foster integration of services at the local level through structural changes and through policy and legislation. Some examples of government initiatives and mechanisms for coordinating legislation, planning, and implementing human services integration initiatives include:

- **Integrated Services for Northern Children (ISNC)** – ISNC is an interministry, inter-agency and interdisciplinary service delivery model that has been operating across rural and remote parts of Northern Ontario since 1989. The goal of ISNC is to provide more effective and fully integrated health, mental health and education services for children with special needs.
- **The Children's Secretariat** – This Secretariat conducted the Early Years Study, which was co-chaired by Margaret Norrie McCain and J. Fraser Mustard. The purpose of this study was to provide recommendations regarding the best ways to prepare all of Ontario's young children for success. The Study also recommended options for collaborative service models to support early learning in children. The Final Report of the Early Years Study was released in April 1999. Pilot projects aimed at testing models of implementing study recommendations are now being developed.
- **The Office for Integrated Services for Children (OISC)** – The OISC launched Healthy Babies Healthy Children (HBHC) and the Preschool Speech and Language Initiative. The objective of HBHC is to support the development of an early intervention service system to which all Ontario families with children ages 0-6 who are at risk have access. The Preschool Speech and Language Initiative focuses on enhancing speech and language services for preschool children.
- **Integrated Services for Children Division (ISC)** – As of January 2000, OISC and the Children, Family and Community Services Division in MCSS have been replaced by a shared policy division entitled Integrated Services for Children (ISC) which reports jointly to the Ministry of Health and Long-Term Care (MOHLTC) and MCSS. The intent of the reorganization was to provide a consolidated approach to children and families, ensuring increased integration and co-ordination in policy development and program planning between the two ministries.
- **Making Services Work for People (MSWFP)** – This initiative sets out a new framework for services for children and people with developmental disabilities. MCSS is requiring service providers, volunteers, communities and service users to work in partnership for the purpose of developing a system that focuses on the needs of individuals and families, responds more quickly, and uses resources more effectively.

These initiatives are described more fully in Appendix B.

5. Provincial Support for Municipal Service System Integration

The Province has also taken several concrete steps aimed at supporting municipal efforts to integrate services at a local level, for example:

- **Decentralized Ministry of Health & Long-Term Care** – The Ministry of Health & Long-Term Care has established 7 regional offices.
- **New Regional Structure in the Ministry of Community and Social Services** – MCSS has reconfigured its field structure to 9 regional offices. The boundaries of these regions match those of MOHLTC. Regional staff from the two ministries will be working together to improve coordination of Provincial activities.
- **Financial Testing Project** – This municipal/provincial project was established in early 1999 to make recommendations for streamlining and rationalizing administrative processes related to financial testing for Ontario Works, Child Care, and social housing.
- **CMSM/Provincial Advisory Committee** – A group of senior municipal representatives and provincial ADMs representing the Ministries of Health and Long-Term Care, Municipal Affairs and Housing, and Community and Social Services has been meeting regularly since 1998 to address an array of provincial/municipal issues, including human services integration.
- **CMSM Forum** – In October 1999, the Province sponsored a forum for senior managers of the 47 CMSMs. The objectives were to:
 - strengthen the partnership between the province and the municipal sector,
 - share information on challenges and best practices in approaches to integration, and
 - provide an opportunity for informal networks among the CMSMs to develop so that there are opportunities for ongoing mutual support.
- **Ministry of Municipal Affairs and Housing Transition Teams** – The Ministry of Municipal Affairs and Housing has established 5 area transition teams in conjunction with its regional office structure across the province to work with CMSMs at the local level to integrate social housing as devolution occurs.

This CMSM survey is a further Provincial undertaking aimed at supporting integration at the local level. The decision to conduct a survey on integration of human services was supported by the CMSM/Provincial Advisory Group, referred to above.

Part B: Conceptual Framework

There is widespread interest in the concept of integration in the human services sector. There are, however, varying definitions and interpretations of what this means. Before proceeding with the CMSM survey, it was necessary to develop a conceptual framework that would guide the development of survey instruments and would be useful in reporting the findings. This section describes the conceptual framework that was developed.

1. Definitions

The Merriam Webster dictionary defines a system as "a regularly interacting or interdependent group of items forming a unified whole". Building on this definition, we defined a human service system as follows, for the purpose of the survey:

"A human service system includes the organizations, groups and individuals involved in administering and delivering a set of interdependent supports and services that meets the defined needs of people."

The dictionary defines to integrate as "to form, coordinate or blend into a functioning or unified whole". This implies that a service system is characterized by some degree of integration and that a set of services delivered in "silos" are not part of a service system.

2. Design Principles for Human Service Systems

Central to the above definition of an integrated service system is the requirement that it meets the defined needs of people. To meet the needs of people, not only must services be effective but the service delivery system must also be effective. By way of an analogy, pharmacies may dispense medications very effectively but system failures could interfere with the appropriate prescription and use of the medication.

For a service delivery system to be effective, services must be:

Client-Centered

- People are provided with services that are appropriate to their needs.

Coordinated

- Service provision is seamless to the client, for example, through multidisciplinary teams or clear referral protocols among the partners in the system.
- There is likely to be a case manager or case management function.
- Service providers know about each other and what services the other providers offer.
- Referrals to appropriate organizations are made.
- Follow-up is arranged if needed.

Complementary

- The system has within it the range of services needed by clients.
- Services offered in one part of the system augment or support the services offered elsewhere.

Accessible

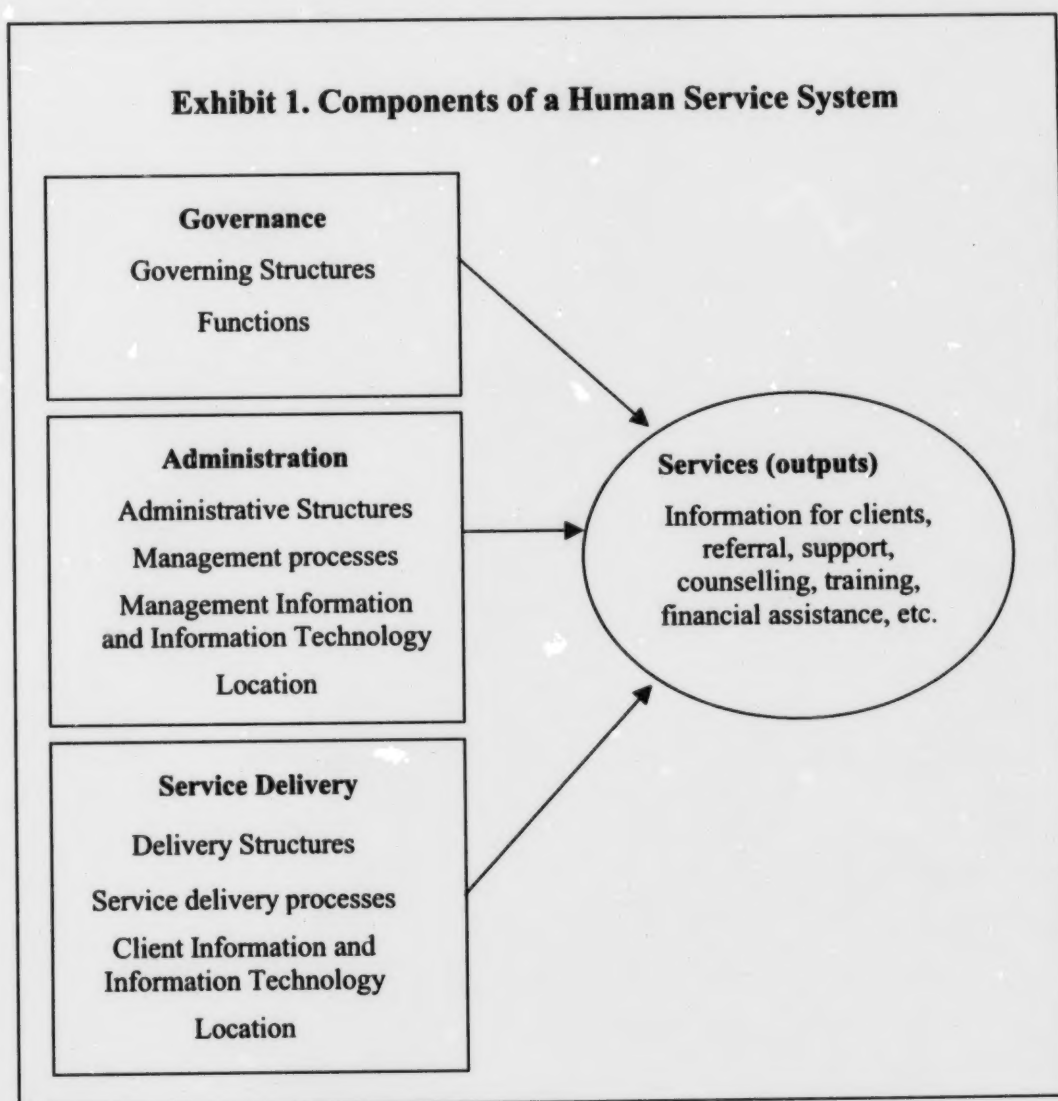
- People can easily find out about the services, for example, there may be a central office or telephone number.
- Services are available when they are needed.
- Services are easy to reach.

Flexible

- Services can be combined or modified to meet client needs.
- Service deliverers work together beyond program and service boundaries to best meet the needs of their common clients.

3. Supporting Integration in the Service System

As a basis for structuring the questionnaire, we considered three key components of service systems, i.e., governance, administration, and service delivery, and aspects of each of these components. Exhibit 1 shows these components and aspects.



The assumption was that each of these components could be designed or implemented in ways that support service integration in varying degrees. Examples to illustrate this are described below.

Governance

Governing structures are usually elected bodies such as city councils or boards of directors. The key functions of governance are the making of legislation and policy, decision-making, oversight and leadership¹. Within the governance component, integration may be supported through unification of governance in a single structure (i.e., municipal consolidation) or through partnerships between different governing bodies. Governing bodies may also support integration through legislation and policy. Also important is a demonstration by the leadership of the governing bodies of their commitment to integration.

Administration

The administration component of a service system is responsible for executing the decisions of the governing body. Aspects of administration that can support integration are the:

- **Organizational structure** (the staffing model, roles and responsibilities, committees),
- **Management processes** (activities/functions such as setting priorities, planning, resource allocation, contracting, quality assurance, etc.),
- **Management information and information technology** (the information needed to manage the program, e.g., the types of services provided, volume of service provided, types of clients served, results achieved; the paper forms and software used to capture and analyze management data; the technology that supports the information system), and
- **Location** (the place where the management activities are carried out).

Integration can be supported through structure by centralizing management responsibility for a range of human services under a single administrative lead, or through interdivisional or interdepartmental committees. Management processes such as resource allocation may support integration by redirecting funds to services that are complementary rather than maintaining funding to parallel services. Information systems may include data elements that capture case

¹ Buff, G.B., Governance: The Problems, Principles, Questions and Changes (Part 1), Municipal World, January 2000

management information and indicators of accessibility. Management of integrated services may be co-located to foster effective communication.

Service Delivery

Aspects of the service delivery component that can support integration include the:

- **Structure** (the organizations or individuals that deliver services or provide assistance; the service delivery partners),
- **Service delivery processes** (activities involved in providing services to people, such as intake, assessment, case reviews, intervention, consultation, documentation),
- **Client information and information technology** (information about specific clients, e.g., client identifiers, dates of service, types of service; the paper forms and software used to capture and analyze client data; technology that support the information system service delivery activities/functions), and
- **Location** (the places where services are delivered).

Integration can be supported within service delivery structurally, for example, by having service providers work within a single organization that has developed integrated delivery processes, or, they may work in different organizations that participate in joint planning and team-based interventions. Processes may be aligned among service providers, for example, through a common intake and assessment methodology. Client information systems may support integration through a common client identifier and shared demographic modules. Service providers may be co-located to support sharing of information and teamwork.

Services/Outputs

The outputs of service systems are the services and assistance that are delivered to individuals and families. The degree to which the services and assistance that are provided to people are integrated depends on the extent to which they are consistent with the principles listed earlier – client-centered, coordinated, complementary, accessible, and flexible.

4. Service System Dimensions

Service systems share the definition and design principles identified above but are distinguished from each other by their specific objectives, the target groups they serve and the range of services they include. A service system focusing on employment support

may target all unemployed people within a geographic area and may include counselling services, access to information, access to technology, and job finding clubs. A service system focussing on families and children with special needs may include information and referral, family support, direct interventions with the children, and family education. Each type of service system may vary from place to place, depending on a range of factors, such as the way that the target group is defined, the service system objectives and the availability of resources.

Each type of service system can be further described in terms of its breadth and degree of integration.

Breadth of Service System

Some service systems are narrow. These include few partners and a limited range of services. An employment service system that deals only with the needs of OW participants and provides coordinated access to resources and pre-employment training would be an example of a narrow system. A broader employment service system might address the employment needs of the general public as well as those receiving assistance from more than one program (e.g., OW and EI), providing not only access to resources and pre-employment training, but also counselling, support groups, and individual support during transition into jobs.

Degree of Integration

The term "system" implies some degree of inter-relatedness. Without some minimal connectivity across services, we have individual services, but not service systems. However, service systems vary in the degree to which they are integrated and in the particular management and delivery components of the service system that contribute to integration. One can think of service systems as falling on a continuum that ranges from 'loosely integrated' to 'tightly integrated'.

A loosely integrated system would be one in which related programs and services are, for the most part, managed and delivered independently of each other with informal or limited provisions for co-ordination at both the management and service delivery levels. A tightly integrated system would operate as a unified whole. Management and delivery components of the system would be designed to ensure that programs and services are client-centered, co-ordinated, complementary, accessible, and flexible.

Part C: CMSM Survey

The following section states the purpose of the survey, describes the way the survey was conducted, and provides an overview of integration approaches that were reported by the CMSMs.

1. Purpose and Objectives of the CMSM Survey

With the transfer of OW and Child Care now complete, the 47 CMSMs are examining the service systems that are in place in their communities. They are looking for opportunities to improve services to clients, create efficiencies, and achieve program outcomes more effectively. It is clear that many CMSMs regard service integration as a primary mechanism for achieving these goals.

Service integration is a complex task – a wide array of services make up the human services mix, community needs at the local level vary considerably, and local circumstances affect integration options.

The purposes of the CMSM survey were to:

- create a knowledge base upon which both levels of government could draw as they move forward in developing, implementing and supporting systems of integrated services, and
- increase opportunities for mutual support by identifying integration approaches being adopted by the CMSMs and contact persons.

The specific objectives were to:

- describe the various types of human services integration in place or being put in place by the 47 CMSMs,
- describe an example of each of the main types of integration in detail, and
- describe lessons learned by CMSMs as they implement and manage integrated service systems -- challenges, successful practices, and key success factors.

2. Approach

A two-part approach was adopted:

1. A written questionnaire (Appendix C) designed to probe the components of service systems described earlier was pre-tested in three sites and then sent to all 47 CMSMs. For the most part, the questions were open-ended. The intent was to collect information that would help us to identify the main types of integration initiatives and to select sites for case studies. The CMSMs were invited to describe as many of their integration initiatives as they wished.
2. Case studies of one or more service integration initiatives in ten sites were conducted. Two case studies served as pre-tests for the interview process. In total, 14 initiatives were described.

3. Response to the Questionnaire

Thirty-nine of the CMSMs responded to the written questionnaire. In some cases, the CMSMs used a single questionnaire to describe several integration initiatives and in other cases they returned multiple questionnaires, each describing a different integration initiative. Counting all the multiples, approximately 80 questionnaires were returned.

It should be noted that CMSMs were invited to select one or more integration initiatives for their response to the survey. The information reported here is not to be viewed as a complete representation of integration within the CMSMs.

4. Overview of Findings

The purpose of the survey was to describe integration across human services and the governance and administration approaches developed to foster service integration. This section summarizes:

- the broad categories of integration reported, and
- the main organizational approaches used.

Several CMSMs, in completing their questionnaires, applied the term integration to activities related to municipal restructuring or LSR activities, e.g., consolidation of municipal service management for OW and Child Care, and the incorporation of sole support parent and foster parent cases into municipal OW caseloads. Clearly, in the course of creating new municipal structures and reorganizing in response to LSR, opportunities to support integrated approaches to the administration and delivery of human services were created. However, the focus of this report is on the integration of human services rather than municipal restructuring or LSR.

Broad Categories of Integration

The responses to the questionnaires were grouped into broad categories of integration. Exhibit 2, on the next page, shows these broad categories and provides examples of the form integration took. Detailed descriptions of each broad category of integration are provided in Part D of this report.

Appendix D shows CMSMs that identified a current integration initiative within these broad integration categories. Planned integration initiatives are not shown.

Exhibit 2. Broad Categories of Integration Approaches Reported by CMSMs	
Category	Examples
1. Employment Supports and Services	• Delivery of common employment supports to combined client groups (EI and OW) • Enhanced employment opportunities through marketing to employers in community; municipal/HRDC partnership
2. Integration of Public Health and Social Services	• Coordinated employment supports and dental services for OW participants • Integrated services for children
3. Integration of Social Services	• Employment assistance and child care • Integrated case management for OW participants
4. Integration of Social Housing with other Human Services	• Integrated management of social housing and social services • Integrated management of social housing, social services and long term care
5. Homelessness	• Consolidation/coordination of programs and services • Coordinated planning with stakeholder involvement
6. Learning, Earning and Parenting (LEAP)	• Coordination among social, health and education services
7. National Child Benefit Municipal Reinvestment	• Supplementary services or increased access to health and social services for low income families and children

Organizational Approaches

Three main organizational approaches were taken: integration among human services managed solely by the CMSM, integration of services involving partnerships among different organizations, and approaches that were a combination of the two:

- Within the organization: In many CMSMs, integration has been approached at both the level of management and service delivery. Typically, a senior manager (such as a Commissioner of Social Services or General Manager) has been given responsibility for several human services which have become the focus of service integration, for example, OW financial assistance and

employment assistance through integrated case management or OW and Child Care. Where management responsibility has not been merged, cross-program bridging is accomplished through teams that include managers and/or staff from the different programs or services.

- Between organizations: CMSMs were involved in service integration well before devolution through their relationships with other organizations. For example, over the past few years, many CMSMs have entered into partnerships with HRDC, community colleges, and other community groups. Other models involve interagency committees or groups.
- Combination: Where partnerships among organizations have been formed, in some cases other CMSM services are brought in. For example, CMSM/HRDC partnerships that bring together employment support programs of the two organizations have expanded so that OW financial assistance or Child Care may be accessed at the same location.

Part D: Integration in CMSMs

The following section describes each of the seven broad categories of integration identified in the survey and variations that were found; gives examples of CMSMs where these integration approaches have been adopted; and identifies case studies (contained in Volume II of this report) that were conducted.

1. Employment Supports and Services through Municipal/HRDC Partnerships

OVERVIEW

Impetus

Due to federal restructuring in the mid-1990s, HRDC and municipalities began to look more actively for ways to combine many of the services that were offered in parallel to an overlapping client base. As a result, HRDC entered into contractual arrangements with municipalities and community partners to provide assessment, employment support, resource centre, employment preparation and job placement services.

Partnerships

HRDC has sought out partnerships with municipalities, contracting with them to provide employment services to EI clients. HRDC and municipalities have a history of working closely to promote employment and training opportunities for their mutual clients.

The two levels of government shared the concern that scarce training dollars should be used in the community as effectively as possible. Both were similarly committed to working together, along with other community partners, to assess local training needs, in light of labour market indicators.

A variety of partnership approaches or models have been and are continuing to be developed by CMSMs and HRDC to deliver services. These range from co-location to closely integrated administration and delivery of employment support services. In some areas, the financial assistance function has been included as well, although administered separately by each organization. The approach taken in a particular community depends a great deal on the people involved and the local environment.

MCSS was a significant player in many of the HRDC/municipal negotiations in order to promote employment and training opportunities for mutual clients.

Partnering Continuum

Analysis of the various municipal/HRDC partnership models that currently exist across the province revealed that they can be placed at some point along the partnering continuum² described below:

Co-location

- OW/HRDC offices are located in the same building (sometimes the same office);
- services provided by each organization are delivered by their own staff (HRDC services delivered by HRDC staff only);
- staff begin to learn about each other's programs and services;
- budgets and resources are separate;
- there is some sharing of common resources (e.g., reception, meeting rooms).

Integrated Delivery

- there is increased sharing of program information and streamlining of service delivery;
- cross-trained staff deliver some programs but programs continue to be distinct;
- budgets remain separate and staff continue to be employed by HRDC or the CMSM.

Integrated Management and Delivery

- human and financial resources, and management and administrative structures of the CMSM and HRDC are integrated; and
- a holistic approach is taken to the delivery of services provided by the CMSM and HRDC.

SURVEY RESULTS

Many CMSMs described examples of CMSM/HRDC partnerships: the Regional Municipality of Niagara, Dufferin County, City of Brantford, Regional Municipality of Hamilton-Wentworth, Algoma DSSAB, Northumberland County, Regional Municipality of Halton, Lanark County, Regional Municipality of Ottawa-Carleton, City of Windsor, and City of Cornwall. Examples within the three types of partnerships are described on the next page:

² Adapted from a paper by Deb Ballak titled "Municipal-Federal Partnerships: Innovative Ways to Deliver Client Services", August 1997.

Co-location: In Halton's Burlington office, municipal staff are co-located with federal (HRDC, including EI) and provincial (ODSP and formerly FBA) staff. A common resource area provides "one-stop shopping" for clients to access financial assistance and employment assistance. This resource centre provides job seekers with access to a broad array of self-directed services (e.g. job bank, internet, fax/photocopier). Staff of each organization continue to be managed by their respective employers. Typical explanations for why sites opted for co-location include: to provide transparent services to clients, to provide an employment-focused environment and to achieve efficiencies through sharing of space and equipment.

Integrated Delivery: Resource centres in the United Counties of Leeds & Grenville are co-located with HRDC. They share space, equipment and staff. OW case managers are on-site at the resource centres to deliver financial assistance and employment assistance, and to interface with HRDC staff.

Integrated Management and Delivery: The City of Kingston and Human Resources Development Kingston jointly operate an Employment Resource Centre. Two OW staff work on-site with the HRDC delivery staff. Resources have been combined, including the allocation of human resources. The City of Windsor is an example of a broader approach. A Partnership Agreement between the City and HRDC was negotiated for service delivery in Leamington to support a fully integrated office in which financial assistance, employment assistance and child care are included in the service delivery model.

CASE STUDIES

Volume II of this Report contains two case studies that describe the approaches taken to HRDC/municipal partnership in the City of Brantford and the Regional Municipality of Ottawa-Carleton (RMOC). Both case studies are examples of integrated approaches. In Brantford, the focus is on a joint marketing team that works with employers to expand the number of jobs in the community. In the RMOC example, the focus is on delivering employment supports to all unemployed people in the community and those at-risk of unemployment.

2. Public Health and Social Services

OVERVIEW

The *Health Promotion and Protection Act, 1997 (HPPA)* sets out the legislative framework for public health. The HPPA provides for the Minister of Health and Long-Term Care to set minimum standards through the issuance of guidelines, contained in a document entitled *Mandatory Health Programs and Services Guidelines (MHPSG)*. These guidelines are considered the minimum program standards that must be followed by all boards of health which manage and deliver public health programs across the province.

Public health focuses on the health of the population rather than the treatment of individual illness and disability. It is concerned with the determinants of health and with healthy public policy. There are 37 Boards of Health responsible for the delivery of public health programs and services throughout Ontario. These Boards generally consist of a majority of municipal elected officials and municipal appointees.

The Medical Officer of Health (MOH) reports to the board of health for the management of public health programs and services. Staff delivering public health programs do so under the direction of the medical officer of health who is responsible for the management of public health programs and services.

In regional municipalities, the municipal council is also the board of health. Where the regional government is a CMSM, a single governing body, i.e., the regional council, is now responsible for both health and social services. While this gives these CMSMs a unique opportunity to integrate human services, there are corresponding management challenges. These include building an organizational structure that functionally integrates services that share client groups or objectives while at the same time respecting the accountability and legislative requirements of the social services and public health sectors.

In other CMSMs, the public health unit is external to the CMSM. In these cases, the CMSM may partner with the public health unit to deliver integrated services.

SURVEY RESULTS

The survey results yielded a range of approaches to the integration of public health and social services. There was some variation in both the services that were integrated and aspects of the services system that were designed to support integration. For example:

- co-location of public health and social services,
- sharing of resources such as reception and clerical support,
- sharing of information across departments, and

- joint or team-based administration and/or delivery of services.

Reasons given for integrating public health and social services include: to provide single window access to a variety of programs, to better address the needs of clients, and to increase operational efficiencies.

CMSMs that reported integration of public health and social services include the City of Peterborough, United Counties of Leeds & Grenville, Regional Municipality of Hamilton-Wentworth, Regional Municipality of Haldimand-Norfolk, County of Renfrew, County of Huron, Regional Municipality of Niagara, York Region, and Regional Municipality of Durham.

The approaches reported fell into the following groupings: co-location of public health and social services, coordination of employment supports and dental services for OW participants, integrated services for children, and co-location of Child Care with preschool speech and language.

Co-Location of Public Health and Social Services

The Regional Municipality of Durham is an example of a CMSM that brought together public health and social services in its Uxbridge office. The OW office, Family Counselling and the Department of Public Health are co-located in this office where they also share reception and clerical services. This has given clients a single window to access public health programs, OW and counselling services.

Dental Services for OW Participants

In several CMSMs, including the City of Peterborough, Regional Municipality of Haldimand-Norfolk and Regional Municipality of Halton, protocols/agreements have been established between public health and social services departments to provide dental services for OW participants.

The City of Peterborough contracts with the Peterborough County Health Unit for delivery of mandatory dental services to all dependent children under the age of 18. In addition, discretionary emergency dental services are provided to OW participants, spouses and dependent adults 18 years of age and older. The Peterborough County Health Unit bills the Social Services Department each month for services provided.

In the Regional Municipalities of Halton and Haldimand-Norfolk, under agreements between their respective OW programs and the Health Departments, OW participants with dependent children are provided with dental services. Health Department hygienists accept referrals from OW workers and are available to screen the need for dental work.

Integrated Services for Children

Examples of integrated services for children are seen in the Regional Municipality of Halton and in the County of Huron:

Regional Municipality of Halton

In Halton, organizational changes, coupled with the introduction of Healthy Babies Healthy Children (HBHC), were the catalyst for the integration of services for children. Directors from Children's Services and Community Health Services co-manage the HBHC program. Managers from Children's Health, the Children's Resource Services, Reproductive Health and Intake and Reception work as a team to coordinate delivery.

The service structure is a one-stop shopping model designed to meet all children's needs. Structurally, public health services for children are situated as part of the Children's Services Division in the Social and Community Services Department. Staff who work with children are physically co-located. Also, staff providing services to special needs children (Occupational, Behavioural Therapists and Counsellors) have been amalgamated and are part of the Social and Community Services Department.

As a result of integration and the association with OW, high risk families in Halton are identified early and are quickly connected with supports. A single staff person puts the financial supports in place and makes the connection to prevention services as well. The link through OW has enabled traditional health programs to have easier access to high risk parents and to more effectively link children with the services they need.

County of Huron

In Huron, an integrated team with representation from Social Services, Planning & Development, and the Health Unit provides services related to the National Child Benefit, Homelessness and Healthy Babies Healthy Children. A coordinated approach has been taken to providing services to target groups common to both the Social Services Department and the Health Unit.

Whether clients are assessed by caseworkers or nurses, they can access the service they need across several programs. For instance, they can access a broad range of services including transportation to child and family services, respite relief, subsidized emergency child care/homemaking, emergency housing, glasses, hearing aids, milk coupons, job search training and life skills training. The Social Services Department and the Health Unit jointly share financial responsibility.

Child Care and Preschool Speech & Language Co-location

In the Region of Durham, the Durham Preschool Speech and Language Program utilizes space in two directly operated regional child care centres. This program targets children enrolled at the centres as well as other children from the community who have speech difficulties and whose families find the location convenient. Its purpose is to facilitate access for children living in Durham who need speech and language assistance.

CASE STUDIES

Because of the wide variation in approaches, three case studies were conducted (Volume II).

The first, in the Regional Municipality of Hamilton-Wentworth, is a broad integration initiative involving joint management by the General Manager of the Social and Public Health Services Division and the MOH for the Region. The General Manager and the MOH share responsibility for several branches that include both public health and social services staff.

The second, conducted in York Region, is a narrower initiative aimed at the provision of integrated services to high-risk children and their families. The Early Intervention Services program is the outcome of a partnership between the Region and the Markham-Stouffville Hospital.

The third case study describes a program that targets the general population and high risk children and their families in the catchment area of the Grey/Bruce/Owen Sound Public Health Unit. The goal of "Let's Grow" is to promote healthy child development throughout the area. It is coordinated through an interagency committee that includes public health and social services stakeholders.

3. Among Social Services

With their new responsibilities for an array of social services, virtually all CMSMs have created organizational structures that bring the management of these programs together. To take just one example, the Regional Municipality of Sudbury has co-located and integrated the management of financial assistance, Child Care and employment assistance under one department. The management team is responsible for setting priorities, planning, and approving contracts. The team reports to a committee of Regional Council.

The variation in approaches to integration of social services is best reflected in the groupings that have been created at the service delivery level. Two frequently reported integration approaches were OW with Child Care and Case Management under OW.

INTEGRATION OF OW AND CHILD CARE

Overview of Child Care

Types of Child Care

Licensed Care: Licensed child care (formal child care) is provided by a child care provider licensed under the *Day Nurseries Act* and includes Child Care Centres, including nursery schools, and Private Home Day Care Agencies.

Informal Care: Informal (unlicensed) child care is usually arranged by the parent with a caregiver who may be a relative, friend, neighbour or nanny. It can also include alternative child care arrangements in community programs such as parks and recreation programs or camps.

Child Care Programs

There are three provincial Child Care programs – Regular Child Care, Ontario Works Child Care, and the Ontario Child Care Supplement for Working Families:

Regular Child Care: These are programs authorized by the *Day Nurseries Act*:

- Fee subsidies provide financial assistance towards the cost of licensed child care for parents who are “persons in need” (determined by a needs test), and for parents of children with special needs. The amount of the fee subsidy depends on the financial need of the family and may cover the entire cost of the child care.
- Wage subsidy augments the wages of child care workers in the licensed sector.
- Special needs resourcing provides staff and other supports to meet the needs of children with special needs. Assistance can be provided in a child care centre, or private home day care.

- Resource Centres provide information, public education, consultation, and supports to caregivers (including parents).

Ontario Works Child Care: Ontario Works Child Care provides financial assistance for child care in addition to fee subsidies to support participation in employment assistance activities and the transition to employment. The amount of child care expenses permitted for licensed care is the actual amount spent. Under OW, the maximum amount of child care expenses permitted for each child in informal care is the actual amount paid up to the following ceilings:

- \$390 per month for children ages 0-5 years;
- \$346 per month for children ages 6-12 years;
- \$390 per month for children 6 years of age and older and, in the opinion of the Administrator, increased child care costs are required due to special circumstances.

Ontario Child Care Supplement for Working Families: The Ontario Child Care Supplement for Working Families supports low and modest income parents who are working or studying, as well as working families with one stay-at-home parent. The maximum annual benefit is \$1,100 per child.

Change to the Municipal Role in Child Care

Municipal involvement in the management of the child care services covered by the *Day Nurseries Act* used to be discretionary and limited to fee subsidies. Municipalities that chose to participate, cost-shared fee subsidies on an 80% provincial and 20% municipal basis. Where there were gaps in services, MCSS entered into agreements with "approved corporations" to deliver fee subsidies. In those cases, the province paid 80% and the approved corporations paid 20% of the cost of the fee subsidies. The management of wage subsidies, resource centres, and special needs resourcing was a provincial responsibility.

The *Services Improvement Act* amended the *Day Nurseries Act* to allow the Minister to designate delivery agents to manage the delivery of the full range of child care services. All 47 CMSMs are now designated as child care delivery agents. The first designations occurred on April 1, 1999. All designations were completed by January 1, 2000.

As a result of designation, child care programs are being managed at the local level within a framework of comprehensive provincial standards. Some CMSMs are involved in Child Care for the first time, whereas others had delivered the regular fee subsidy component prior to designation. Management of wage subsidy, special needs resourcing and resource centres is a new responsibility for all CMSMs.

Survey Results

Many CMSMs have taken steps to bring regular and OW Child Care funding and operations together. Some have integrated at the level of management by creating a human services department or division while others have created cross-divisional teams. Another approach has been to integrate at the service delivery level by giving workers responsibility for both functions.

Integrated Child Care Management Structure

Examples of CMSMs which have developed integrated management structures for OW and Child Care include the District of Parry Sound, City of Cornwall, City of Peterborough, Rainy River DSSAB, City of Windsor and York Region.

In the Rainy River DSSAB, a common management support structure, including clerical and financial administration, supports both the OW and Child Care programs. Common governance, financial and human resources policies and procedures have been developed to integrate the programs being managed and/or administered by the DSSAB.

The City of Windsor's Social Services Department is responsible for managing OW formal and informal Child Care subsidy funding and Child Care purchase of service agreements. Their Children's Services Division was restructured to deliver an integrated program within a wider geographic region.

Cross-Divisional Teams

Rather than merging the administration of the two Child Care programs, the Regional Municipality of Niagara standardized its practices for intake, placement and administration across OW Child Care and regular Child Care and created cross-divisional teams. Under the Community Services Department, the Child Care Team helps ensure collaboration between management and staff of separate OW and Children's Services Divisions. The Team is made up of OW and Child Care managers and staff. The Child Care manager acts as the "lead", reporting to the Community Services Department's management team. OW case managers and child care subsidy workers collaborate and share required information to ensure seamless eligibility determination, orientation, referral and/or placement in child care. The purpose is to provide a single point of access to service for clients and to provide a harmonized system for staff to deliver and administer.

Integrated Child Care through a Single Worker

In the Regional Municipality of Haldimand-Norfolk and Cochrane DSSAB, individual workers carry out both the OW and Child Care functions:

In the Cochrane DSSAB, a case manager is responsible for OW and Child Care. The overall purpose of this initiative is to create a multi-purpose/function worker who can perform a variety of duties.

In the Regional Municipality of Haldimand-Norfolk, the OW case manager assesses eligibility for Child Care under OW. If the applicant is not eligible, the OW case manager refers the case to a Special Services Worker for further child care assessment.

Case Study

Volume II contains a case study that describes the approach being taken by York Region to integrate OW and Child Care funding and services.

INTEGRATED CASE MANAGEMENT IN ONTARIO WORKS

Overview

The *Ontario Works Act* was proclaimed on May 1, 1998. The Ontario Works (OW) program provides financial assistance and employment assistance for eligible individuals. It is the income security program of last resort for single people, sole support parents, and couples with and without children. As a condition of eligibility, people are expected to take part in employment-focused activities that are designed to help them achieve and maintain financial independence. The CMSMs have management and delivery responsibility for all activities approved under OW relating to financial assistance and employment assistance.

Integrating OW Financial and Employment Assistance

Prior to the introduction of OW, the financial and employment assistance components of social assistance were quite distinct from each other. What this meant was that different staff with specific skill sets, who may have been paid at different levels, were responsible for delivering each component.

Income maintenance staff would refer "employable" clients to their "employment" colleagues for assessment, group or individual employment counselling, assistance with employment-related expenses, etc. The composition and expertise of these employment departments varied, depending on the municipality. However, they often worked in partnership with other employment and training-related services in their community.

The introduction of Ontario Works provided the framework for integrating the financial assistance and employment assistance components of OW. This is seen with the movement toward generic rather than program specific workers. The intent, from an organizational perspective, is to develop a multi-skilled workforce which can more effectively and efficiently deliver financial assistance *and* employment assistance. In order to accomplish this, ongoing training and supported job experience is being provided to staff.

For OW participants, integrated case management means they can deal with a single worker, or case manager who is knowledgeable about OW financial and employment assistance. It also means they should be receiving more highly coordinated services.

Survey Results

Many CMSMs have begun to create integrated case management positions. Examples include the Regional Municipality of Niagara, Grey County, Algoma DSSAB, Regional Municipality of Hamilton-Wentworth, Cochrane DSSAB and Victoria County.

Some, like Grey County, are pilot-testing the integration of the two roles to determine the extent to which they are complementary and to establish an appropriate caseload size and composition.

The Regional Municipality of Niagara provides staff with ongoing training and job experience that will give them the range of skills they need to deliver financial assistance and employment assistance. A new OW case manager job description was developed to reflect responsibility for both functions.

The approach taken by the Algoma DSSAB to ensure integration between the financial assistance and employment assistance components of OW has been to merge two units. The Income Support Unit and the Opportunity Planning Unit (employment unit) have been combined into a program group called the Case Management Unit under a single program manager. The separate positions of Opportunity Planning Counsellor and Income Maintenance Caseworker were combined into a single Case Manager position. Job descriptions were revised and cross-training occurred to facilitate this integration of roles.

Case Study

Volume II contains a case study describing the implementation of integrated case management in the Cochrane DSSAB.

4. Social Housing, Social Services and Health Services

OVERVIEW

The devolution of the Social Housing (SH) program to municipalities is taking place in three stages:

- As of January 1, 1998, financial responsibility for social housing was transferred to municipalities.
- The Social Housing program will be reformed to simplify administration before management responsibility is transferred.
- Responsibility for SH will be devolved to CMSMs.

Providers of social housing will be significantly affected. In the past, they related primarily to the federal and provincial levels of government for funding and program administration. In the future, they will relate to the CMSMs. The CMSMs are considering options for the delivery of some of the functions traditionally carried out by the providers, for example, eligibility testing.

SURVEY RESULTS

Social Housing and Social Services

CMSMs reporting integration of social housing and social services include the City of Brantford, the District Municipality of Muskoka, and York Region.

In the District Municipality of Muskoka, Muskoka Community Services has established single point intake, and integrated caseload management and administrative support systems for OW, child care, homelessness, domiciliary hostels and social housing. A three-person management team manages these programs: the Commissioner of Community Services, the Director of Programs and the Manager of Administration. The purpose is to achieve effective single point access to the range of programs delivered by Muskoka Community Services, to effectively meet client needs, and to achieve maximum levels of cost-effective quality service.

In the City of Brantford, the administrator of social services manages OW, Child Care and Social Housing. This individual reports to a joint County/City Social Services Sectoral Committee and to City Council. Staff makes recommendations to this committee for recommendation, in turn, to Council. Before going to the committee, some issues may be dealt with by a city management committee made up of department heads.

Social Housing, Social Services and Health Services

Oxford County created a Department of Social Services and Housing to deal with all aspects of Child Care, OW, Long Term Care and Social Housing. Delivery was centralized in one building with satellite operations in other communities. One director was made responsible for this department and all its activities. The main office of the Department is next door to the Oxford County Board of Health, allowing further linkages between these two operations. The objective of this management reorganization was to ensure a one window approach for these programs/services and to achieve administrative efficiencies by having one "back room" serving all these activities.

CASE STUDY

The approach taken by Dufferin County, described in Volume II of this Report, involves a partnership between the CMSM and the Local Housing Authority.

5. Homelessness

OVERVIEW

MCSS is the lead ministry for co-ordinating the provincial government's strategy to address homelessness in Ontario. The ministry is working with other levels of government, communities, not-for-profit groups and the private sector to address the issue of homelessness. Through the Provincial Homelessness Initiatives Fund (PHIF), approximately \$10M has been distributed to CMSMs.

SURVEY RESULTS

Several CMSMs, including the Regional Municipality of Peel, United Counties of Leeds & Grenville, City of Toronto, Regional Municipality of Niagara, and City of Kingston reported on integration activities they are undertaking to address homelessness in their communities and to gain a better understanding of the scope of this issue. For example:

Services provided in the Regional Municipality of Niagara through the PHIF have been brought together into four existing Housing Help Centres. This has been accomplished by extending Outreach Program workers throughout the Niagara Region. Outreach community workers deliver direct services to homeless people and collect information that informs ongoing development of homelessness/housing initiatives. In support of this initiative, two committees were formed: an advisory committee of community agencies and a research committee that includes representatives from the Public Health Department and Niagara Community Services Department.

The United Counties of Leeds & Grenville is an example of a CMSM that is at the stage of defining the scope of the homelessness problem. This CMSM struck a Homelessness Sub-Committee of its Community Action Committee. The Sub-Committee developed a survey that was sent to 74 community agencies to identify the needs and concerns of homeless people in the community. Based on the results of the survey, their intent is to co-ordinate services across agencies in order to address the needs that were identified.

The City of Kingston is planning to integrate many of the homelessness components that are now part of other programs, including the Provincial Homelessness Initiatives Fund (PHIF), NCB and OW Emergency Shelter Funds. A community forum was held to bring key stakeholders together to discuss homelessness. Approximately 50 people participated in the forum including housing providers, and representatives from the business community, social services agencies, provincial government and faith community. Following this forum, a steering committee of community partners was created to develop business plans for the different initiatives identified.

In the Regional Municipality of Peel, Health, Housing and Social Services Departments have identified staff representatives who will work together to coordinate the delivery of key services as well as to plan for future services.

CASE STUDY

Volume II of this report describes the new management structure in the City of Toronto as it affects homelessness, and the new initiatives being supported by the Provincial Homelessness Initiatives Fund in the City.

6. Learning, Earning and Parenting (LEAP)

OVERVIEW

Learning, Earning and Parenting (LEAP) is a targeted strategy under OW of intervention focused on teenaged parents. LEAP requires these parents to attend high school, take parenting classes and develop the skills necessary to leave OW. Parents aged 16-17 who have not completed high school and who are OW participants, or part of a benefit unit receiving financial assistance under OW, *must* participate in LEAP. Parents aged 18-21 who have not completed high school and who are OW participants, or part of a benefit unit receiving financial assistance under OW, *may* participate in LEAP.

The province has made \$25 million available to all municipalities to ensure eligible teens have access to supports. In each community, the intent is for LEAP to build upon existing resources and develop links with other related initiatives, programs and services, as well as with the many community agencies that provide programs and services to young parents and their children.

LEAP provides an incentive for participants who graduate from high school and successfully complete a minimum of 35 hours of parenting courses. Successful participants may choose a \$500 bursary to be used for their own post-secondary education or training, or \$500 to be held in trust for their children's education.

LEAP participants will have access to the full range of supports available under OW to support their attendance and success at school and their parenting and earning activities. Other supports may include transportation, child care and counselling.

SURVEY RESULTS

CMSMs describing their approaches to LEAP included the County of Renfrew, Regional Municipality of Haldimand-Norfolk and United Counties of Leeds & Grenville.

For example, Renfrew County Community Services Department has developed a Memorandum of Understanding with both the Renfrew County Catholic District School Board and the Renfrew County District School Board. The Memorandum describes the referral procedure with each School Board, communication linkages, roles and responsibilities, accountability mechanisms, participant eligibility and confidentiality provisions. The intent is to encourage parents to complete high school and develop parenting skills that will support healthy child development.

7. National Child Benefit Municipal Reinvestment

OVERVIEW

The National Child Benefit (NCB) is a federal-provincial-territorial initiative that was launched in 1998-99. It is intended to help address child poverty and assist low income families with children stay in the workforce. Under the program, the federal government enhanced its income support to low income families through the NCB Supplement (NCBS). Provinces and territories agreed to reduce the allowances of social assistance families with children by the amount of the NCBS and reinvest those funds into programs and services that benefit children.

Since the cost of social assistance is shared by the province and the CMSMs, both sectors have a role to play in the Ontario NCB reinvestment strategy. For its part of the NCB reinvestment strategy, the province created the Ontario Child Care Supplement for Working Families which will benefit up to 220,000 low to middle-income families with 365,000 children under the age of seven. The municipal portion is also being reinvested locally in ways that meet NCB objectives.

SURVEY RESULTS

CMSMs that described their approaches to NCB reinvestment include the City of Kingston, York Region, the District Municipality of Muskoka, and the County of Lennox and Addington. Generally NCB reinvestment was used to support planning or to augment services in existing service systems for children and families. For example:

The City of Kingston has allocated NCB funds to shelter and food security, volunteer driving services in rural areas, Child Care fee subsidy supports and community planning forums. The stated purpose is to support families and their dependants who are at risk, to stabilize their situation where possible, and to increase access to shelter and food security. The District Municipality of Muskoka has implemented a new program to provide a Child Care fee subsidy to persons eligible under the *Day Nurseries Act* but who are unable to access licensed child care. The subsidy will be covered by NCB reinvestment funds. They have also directed NCB reinvestment dollars to Healthy Babies Healthy Children. Their goal is to improve customer service; the achievement of service integration was an expected outcome.

Part E: Lessons Learned

The following section describes lessons learned about human services integration. The information was gathered from the CMSM survey – questionnaires as well as case studies – and from selected reports.

1. Introduction

An important objective of the CMSM Integration Survey was to describe the lessons that have been learned about integrating human services. "Lessons learned" were gathered from the CMSM survey and the case studies. They were also drawn from a review of the following reports/documents:

Prospects for Broad Spectrum Integration of Children's Services in Ontario, Jessica Hill, paper prepared for the Conference on "Integration & Incentives in Policy and Delivery: Provincial Reforms and Experience", Queen's University, August 1998.

Organizational Development Strategies for Integrating Mental Health Services, M.A. Hoge and R.A. Howenstein in the *Community Mental Health Journal*, Vol. 33, No. 3, June 1997.

Integrated Services for Children, paper prepared by the Ontario Municipal Social Services Association (OMSSA).

Early Years Study: Final Report, Co-chairs: Hon. Margaret Norrie McCain and J. Fraser Mustard, April 1999.

Principles of Local System Development for Children, Adolescents and Their Families, Lourie, I.S., Kaleidoscope, Chicago, IL, 1994.

Improving State Government Through Agency Reorganization, NGA Issue Brief, 222.nga.org/Pubs/IssuesBriefs/1996.

CMSMs reported many examples of approaches they have taken to integration. These yielded a wealth of information about lessons that have been learned along the way related to integration at both the service delivery level and the management level. Consideration was given to three questions:

What pre-conditions need to exist in order for integration to be effective?

What approaches have been effective in addressing the challenges related to the integration of human services?

What are the key success factors?

What follows is a description of:

- challenges or barriers associated with integrating human services,
- key success factors identified in both the documents reviewed and by the CMSM survey results,
- additional success factors identified in the documents reviewed, and

- additional success factors identified by the CMSMs.

2. Challenges

Challenges or barriers to the successful integration of human services include those related to organizational culture, joint management, business practices, and momentum. In addition, a general finding regarding the challenges associated with shared responsibility for service systems, e.g., among the levels of government or where different service systems share subsets of clients, is discussed.

Organizational Culture

The integration of two or more organizations, whether they be different agencies, different groups within the same department or different departments within the same organization is challenging. Organizational differences may be reflected in attitudes to clients, approaches to service delivery, terminology, or management style, to name just a few. Bridging these differences by creating a single culture is critical to the success of an integration initiative.

Joint Management

In cases where two or more organizations are amalgamated for the purpose of creating a structure that supports integrated services, there may be challenges associated with shared or joint management. Managers need to be open to different perspectives, to be flexible and to share ownership for making the initiative a success. The tendency for established groups or professions to want to protect what was their turf previously or to try to retain ownership of certain clients may present a barrier to integration.

Business Practices

The integration of two or more organizations highlights differences in, for example, wages, expertise, expectations, standards of clinical practice, hiring, and business processes. These differences may be barriers to the development of positive working relationships among the partners and to the delivery of integrated services.

Momentum

It can be challenging, not only to create initial momentum for a particular integration initiative but also to sustain staff commitment to the direction that has been taken. Inertia, characterized by people slipping back to old ways of doing things, can be an obstacle to the initiative's success. Innovative approaches to developing and maintaining staff commitment to the new way of doing things need to be explored.

Shared Responsibility for Service System

The three levels of government, ministries and departments within governments, as well as a range of non-governmental organizations share an interest in and responsibility for particular groups of clients. For example, federal, provincial, and municipal governments share an interest in promoting the health and well-being of children.

A challenge faced by all parties interested in promoting the health and well-being of children is to find ways to co-operate with each other rather than compete for resources and service providers.

3. Key Success Factors

There was agreement between the documents that were reviewed and the findings of the CMSM survey on the importance of strong leadership, a shared vision, effective communication, cross-training, and a focus on client and system outcomes to the success of an integration initiative.

Strong Leadership

The documents reviewed suggests that a leader must have a clear vision of what the integration initiative is intended to accomplish and, just as important, must be capable of communicating that vision to various stakeholders.

Effective leadership is of critical importance to the success of an integration initiative. A strong leader is required to "champion" the integration initiative through the various obstacles which may be confronted, motivate staff to work towards achieving the objectives of the initiative, and secure the necessary buy-in of all stakeholders. Securing a sense of "shared ownership" from staff promotes the buy-in that is essential to achieve integration.

Survey Results:

One of the key success variables cited by several CMSMs was visible support by senior management for new ways of doing business and a clear commitment to successful implementation of the initiative.

It was noted that strong leadership is required to bring together a team of professionals from different disciplines. These staff need to become familiar with each other's skills and to learn how they each contribute to the client's well-being. Teams require ongoing support from management to remain cohesive and effective.

It needs to be recognized that creating new ways of doing business is exciting but it can also be stressful and time-consuming. Change of this magnitude requires that management support their staff when they try out new roles or approaches.

Shared Vision

According to the documents reviewed, a prerequisite for integration is the development of a shared vision that articulates what the parties collectively want to accomplish. It may articulate a shared understanding of the problem with the current system, the need for change, desired outcomes, and strategies for effecting change. The vision must be sufficiently compelling that it becomes the driving force for those involved in the integration initiative. It should act as an anchor for establishing common goals and priorities, developing action plans and monitoring outcomes.

Following from the vision should be clear objectives that describe what the initiative is trying to accomplish and strategies for achieving the objectives. It is important that system partners agree on the objectives and strategies for integrated service delivery. Objectives and strategies should provide the overall direction or "road map" for integration at the management and service delivery levels. Without clearly articulated, mutually agreed upon objectives and strategies, efforts to integrate service systems may flounder.

Survey Results:

About one-third of respondents to our survey identified the need for a shared vision to provide clear direction for the integration initiative. As described by respondents, the vision should include broad program goals, program objectives, and outcomes. Respondents suggested that the vision should be:

- developed collaboratively by stakeholders,
- articulated clearly,
- shared by all participants, and
- communicated to all stakeholders.

The vision needs to be broad enough to encompass the different cultures of the organizations involved in the integration initiative, yet specific enough to provide direction on program outcomes. Shared commitment, common goals, and a common value system were also mentioned.

Although respondents reported no difficulty in developing the vision, a few noted that sustaining the vision is challenging, particularly given the bureaucratic requirements of two or more organizations, different cultures, and the tendency to get derailed by short-term issues. It was suggested that when decisions need to be made in a context of competing perspectives and priorities, focusing the attention of team members on the agreed upon vision can be helpful in reducing the potential for conflict.

Communication

Integration requires the involvement of many stakeholders and partners. Clear, consistent and frequent communication with staff and stakeholders during a period of significant change is critical. A variety of communication vehicles should be used to convey information including meetings, e-mail, and electronic bulletin boards. The purpose of the integration initiative, a vision of what the initiative will accomplish and information about staffing implications are the most important messages that need to be conveyed.

Survey Results:

Over half the survey respondents mentioned the importance of communication. They noted that communication must be both internal (to staff and bargaining unit representatives) and external (to all stakeholders, including clients and politicians). As one respondent wrote, a good communications strategy lessens the power of the rumour mill and ensures that information reaching the community is consistent.

Staff should be kept fully informed from the initiative's earliest beginnings about the implications for themselves of any proposed changes. Potential changes to job descriptions, for instance, should be discussed openly. Communication, as described by respondents, should be open, straightforward, frequent, clear and concise.

One of the CMSMs reported that providing regular feedback to staff and management helped to allay concerns they might have had about being excluded. Consistent messages were communicated to staff in a variety of ways, e.g. through newsletters, at staff meetings, by participating in team activities and communicating their support for the initiative. A concerted effort was made to maintain information flow about the integration initiative between staff and management.

Another CMSM reported that effective, ongoing communication was a key to gaining staff commitment. Management understood that having statements describing the organization's vision and values was by itself insufficient. A letter was sent to all staff describing the process that was used to develop the vision and values. The vision and values were later communicated to all staff at branch meetings. As well, senior managers have made a point of attending some branch meetings jointly to address staff concerns and issues.

Finally, yet another CMSM stressed the importance of communication with community partners, particularly the changing roles and responsibilities of CMSMs and MCSS.

Cross-Training

As staff assume new roles and responsibilities, joint training may be beneficial in helping to reinforce the new structure and to familiarize staff with the scope of their new responsibilities. For newly formed teams working towards integrated service delivery, training may be needed on developing partnerships.

Survey Results:

A few CMSMs identified cross-training of staff as a strategy for developing a common culture for those working on the integration initiative.

Focus on Client and System Outcomes

The integration reports that were reviewed suggest that system outcomes need to be broad enough that they reflect outcomes for the system rather than for an individual agency or sector. Although articulated at a high level, these outcomes need to be interpreted and monitored at the individual, family and service delivery level. It is important to know how each player or sector is doing in achieving their specific outcomes in order to make broad system improvements. These outcomes should be guided by evidence of what is most effective.

Survey Results:

A few of the CMSMs cited their strong results focus and "business" approach as a key success variable. The importance of staying focused on the goals of the integration initiative was stressed. When many partners are involved in an initiative, it is important that the shared goals guide decision-making. One of the case studies noted that, in bringing together program staff from different organizations, it was helpful to place discussions within the context of their shared objectives, e.g. best interests of the family, best use of resources.

Additional Success Factors Identified in the Documents

In addition to the success factors mentioned above that are common to both the documents reviewed and the CMSM survey findings, several additional factors were identified in the documents: allocation of resources, accountability structures, and evaluation of integration results. As well, a set of facilitative conditions, which in a few instances parallel success factors identified in the survey, are summarized.

Allocation of Resources

Integration requires adequate resources that can be moved easily between programs or re-allocated to create new programs or services. Funding mechanisms must be flexible enough to respond effectively to local needs and conditions.

Accountability Structures

Accountability structures should be mutually agreed upon by the system partners and must be clear so that all stakeholders understand their place in the new system and their relationship to existing community initiatives.

Accountability structures also need to support service integration at all levels – individual, policy, program, and system. The accountability structures that are established need to ensure that public funds are being used in the most cost-effective ways to achieve the agreed upon provincial, community and client outcomes.

Evaluation of Integration Results

Evaluation is necessary to assess the effectiveness and efficiency of integrated services. Although the promise of cost-savings often serves as the catalyst for service integration efforts, the organizations involved are rarely able to document the savings.

It is important to develop ways to measure results related to improvements in effectiveness and efficiency because public expectations for increased accountability often drive integration initiatives. Effectiveness measures include progress in achieving the mission and in improving the quality of services to individuals and families.

Facilitative Conditions

Organizational behaviours, often referred to as “facilitative conditions”, support the integration of services. In their paper, “Organizational Development Strategies for Integrating Mental Health Services”, Hoge & Howenstein use the concept of “organizational boundaries” as a way to frame the task of promoting integration. They suggest a number of strategies to “soften the boundaries” of agencies in ways that facilitate enhanced communication, collaboration and client flow across agencies:

- Structure task groups that bring staff from various levels and different agencies together in order to address issues and improve aspects of the system (e.g. client referrals, information sharing). Participation in the task groups creates a sense of belonging to a group in which membership spans the larger

system, develops shared perspectives of the service environment, and leads to greater consensus regarding potential responses to issues or needs.

- Adopt a participatory management leadership style. This style focuses on power sharing regarding the content of decisions while maintaining control of the decision-making process and the accountability for outcomes.
- Create “boundary spanning” positions. Individuals in these positions would be assigned to work at the boundary between two or more agencies, or on behalf of the service system.
- Organize cross-agency team building activities that increase individuals’ awareness and understanding of each others’ work in order to promote collaboration and service integration.
- Encourage resource sharing across agencies by providing joint in-service training, creating a directory of “free” speakers and consultants, and sharing physical resources such as meeting rooms.
- Combine resources from two or more agencies to create new services or supports. Creating a new service entity or multi-disciplinary team staffed by multiple agencies stimulates service integration, further softens agency boundaries and facilitates staff identification with the larger system.

Additional Success Factors Identified by the CMSMs

The lessons identified above are consistent with those reported by the CMSMs in our survey. Lessons learned that are specific to the integration of human services by CMSMs were reported in the surveys and described in the case studies.

The lessons cited by CMSMs relate to organizational culture, stakeholder relationships, political will, policies and procedures, timing, and flexibility.

Organizational Culture

Ultimately, it is the staff in organizations who determine whether a partnership will succeed and what direction it will take. It takes a long time to work through philosophical and organizational differences and develop an approach to integration that will be accepted. Impasses will occur if there is no agreement and commitment to basic program principles.

In the case studies, there were examples of staff who were required to make a significant shift in the way they undertook their jobs as a result of an integration initiative. In some cases, staff who work with OW participants have had to make the shift from a narrow focus on financial assistance to working with a broader group of clients in a more facilitative way, for example, helping OW participants to set employment goals. It is important for management to acknowledge and find appropriate ways to support staff who are dealing with this type of shift in culture.

Management also needs to recognize that it takes time to change the culture of an organization.

In a CMSM where public health and social services were brought together in one division, senior management is committed to creating a common culture across the two sectors and to ensuring that they themselves "walk the talk". They stressed the importance of finding ways to support the new culture and help staff accept the changes. These range from hosting a divisional open house to the two senior managers attending branch meetings jointly.

Finally, it is important to find creative ways to overcome inertia. Many people find it a lot easier to continue doing things "the old way". For an integration initiative to succeed, innovation and a willingness to stretch need to be encouraged.

Stakeholder Relationships

Over one-third of respondents identified the need for consultation with a broad range of stakeholders. One respondent reported using a community development approach to consultation. Another noted that consulting with the bargaining unit on proposed changes to job descriptions was critical to gaining union support for redefined roles and responsibilities.

In preparing for integration, one CMSM cited good relationships with stakeholders in the community as a necessary pre-condition for the successful integration of public health and social services. Their history of co-operative ventures with other departments and community organizations provided a foundation upon which to build an integrated system. Good stakeholder relationships helped pave the way to the closer integration of a variety of programs and services.

Political Will

A few respondents to the survey mentioned the need for local government to be committed to the integration of human services. This was variously described as "political will", "support of Regional Council", "strong council mandate", and "clear municipal authority". As one respondent put it, debates among agencies are minimized when "clear municipal authority" is present.

Policies and Procedures

A few respondents noted the need for clear policies and procedures to facilitate integration across agencies. One suggested the need for "client centred protocols" as a way to resolve the issue of different vested interests. There was some suggestion that it's easier for agency staff to accept change when they believe that the change will benefit clients. In a related vein, two respondents wrote about the importance of focusing on client needs and service outcomes in the context of developing policies and procedures.

Timeframes

The importance of timing in implementation was noted by four survey respondents. One cautioned against too much long term-planning, suggesting that this can be cumbersome, and that taking small steps is better suited to the pace of implementing an integration initiative. Timeframes must be clearly defined, commented one respondent. They must also be both realistic and adequate.

Flexibility

A couple of survey respondents identified the need for flexibility. It is important that staff are flexible; they need to understand the changes that are happening, what the changes are intended to accomplish, and what they themselves need to change in order to contribute to the successful implementation of the integration initiative. One respondent noted that a "flexible and dynamic corporate culture" is a necessity. Another suggested that implementers need to build on the strengths of all partners.

One of the CMSMs reported a high degree of service integration and collaboration between the two partnering organizations. Both parties made a commitment to be flexible in meeting emerging service needs. For example, the terms of contractual agreements were changed as needed, and resources were added to improve services and to meet the needs of a new client group.

Part F: Overview of Case Studies in Volume II

The case studies, which are described in Volume II, were conducted in order to provide detailed information on examples of integration initiatives in each of the broad categories (with the exception of LEAP and NCB reinvestment, addressed in other types of initiatives, e.g., integrated services for children, or are as yet not at a stage which would provide the information being sought).

The case study reports describe the services that have been integrated, benefits derived from integration, linkages with other initiatives or systems, lessons learned, and the impetus for the initiative. Exhibit 3 shows the sites where the case studies were conducted and the specific initiatives that were the focus in each.

Exhibit 3. Case Study Sites and Integration Initiatives		
	Site	Integration Initiatives
1	Bruce-Grey-Owen Sound Public Health Unit (Grey and Bruce Counties)	Services for children: public health unit/MCSS partnership
2	City of Brantford	Employment: enhanced job opportunities through support to employers: municipality/HRDC partnership
3	City of Kingston	Social services and education: municipal/Kingston Literacy partnership
4	City of Toronto	Homelessness
5	Cochrane DSSAB	OW case management
6	Dufferin County	- Social services and social housing - Employment supports in an ERC: municipal/HRDC/college partnership - Centralized information access - social and community services: municipal/CCAC partnership
7	Regional Municipality of Halton	Healthy Community
8	Regional Municipality of Hamilton-Wentworth	Public health and social services: management and service delivery
9	Regional Municipality of Ottawa-Carleton	Employment supports in an ERC: municipal/HRDC partnership
10	York Region	- Services for children - Social services: OW and Child Care

Part G: Appendices

Appendix A: A Synopsis of Human Services in CMSMs

LSR HUMAN SERVICES TRANSFERS

Social Services: In 1999, responsibility for the management and delivery of Ontario Works was transferred to the CMSMs. By January 1, 2000, all 47 CMSMs were responsible for the management of Child Care.

Social Housing: The devolution of the Social Housing program is expected to take place over the next two years.

Health Services: The funding of Public Health became the responsibility of municipalities on January 1, 1998. With the approval of the Minister of Health and Long Term Care, CMSMs that are not already Boards of Health can assume responsibility for public health. Also with the Minister's approval, CMSMs can assume responsibility for managing Land Ambulance services.

NEW PROGRAMS

Given their role of managers of some social and community health services, CMSMs were seen as the appropriate responsibility centres for other human services that would benefit from local management. Consequently, management responsibility for several new provincial programs has been devolved to the CMSMs, for example:

Learning, Earning, And Parenting (LEAP)

LEAP is a targeted strategy of focused intervention under Ontario Works that requires teen parents to attend high school, take parenting classes and develop the skills necessary to leave Ontario Works. This program provides incentives, program supports and access to child care services.

Provincial Homelessness Initiatives Fund

The provincial government allocates \$10 M annually to municipalities to help them address homelessness in their communities. Municipalities are expected to work with community agencies and provincial ministries to develop coordinated strategies to achieve three outcomes:

- to move people from the streets to emergency accommodation,
- to move people from emergency accommodation to permanent accommodation, and
- to prevent homelessness by supporting the retention of permanent accommodation.

National Child Benefit (NCB) Reinvestment

NCB is a federal, provincial and territorial initiative aimed at reducing child poverty and assisting low-income families to find and keep work. Additional money is provided to low income families with children through an increase in the Canada Child Tax Benefit. A provision of the program is that the provinces reduce social assistance benefits to correspond with the increased federal benefits. The provincial savings arising from the reduction in social assistance are to be reinvested in programs and services that promote the healthy development of children in low-income families. Because in Ontario the cost of social assistance is shared between the Province and CMSMs, a portion of the savings are realized by each sector. CMSMs are expected to reinvest these funds in ways that are in keeping with the objectives of the NCB.

Appendix B: Provincial Integration Initiatives

CHILDREN'S SECRETARIAT

The Children's Secretariat has two core businesses:

- promoting the healthy growth and development of Ontario's children, and
- generating public awareness of the services and supports available for children.

The Secretariat's mission is to lead the development of the government's vision for children, supporting a unified, coordinated approach to policy planning and service delivery across government. It will seek the private sector's investment in early intervention and prevention initiatives for children and it will foster public-private sector partnerships to enhance services and supports for children and families. The Secretariat will also help make Ontarians aware of the services and supports available for children.

The Secretariat's activities include:

- assessing the impacts of government policy on children,
- developing cross-government solutions to address children's issues,
- providing families with access to information about the services and resources available to them,
- providing advice on policy and program development for children in Ontario,
- encouraging early investments in children's development to improve their success later in life, and
- mobilizing partners in the public, private, voluntary, and community sectors to work together for Ontario's children.

A major product of the Children's Secretariat is the Report on the Early Years Study, released in April 1999. The report proposes a range of initiatives that would contribute to the development of integrated systems of early child development and parenting programs across the province.

Five local demonstration projects have been launched. These will demonstrate, test and evaluate how communities can increase their capacity to support parents and children in order to achieve the best possible child outcomes.

INTEGRATED SERVICES FOR CHILDREN (ISC)

As of January 2000, the Office for Integrated Services for Children (OISC) and the Children, Family and Community Services Division in MCSS have been replaced by a shared policy division entitled Integrated Services for Children (ISC) which reports jointly to the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Community and Social Services (MCSS).

In addition to an Assistant Deputy Minister's Office, there are five branches within the Division, i.e. Integration Strategies, Child Protection, Children with Special Needs, Healthy Child Development, and Healthy Babies, Healthy Children.

The intent of the reorganization was to provide a consolidated approach to children and families ensuring increased integration and co-ordination in policy development and program planning between the two ministries.

Prior to this restructuring, the mission of the OISC had been to better serve children and families, reduce system gaps and ensure a seamless continuum of care. The OISC was responsible for the integration of children's services in the Ministries of:

- Health and Long-Term Care,
- Community and Social Services,
- Education, and
- Citizenship, Culture and Recreation.

Through the OISC, these Ministries worked together to design and implement service delivery strategies that promote integration at the community level. The role of the Office was to:

- ensure integrated policy development for health, social services, recreation and education for families and children,
- identify service delivery strategies that integrate the health, social services, recreation and education fields to support families and children, and
- ensure that accountability frameworks and funding methods facilitate integration of children's services at the community level.

For the purposes of its work, the OISC adopted the definition of integration used by the National Centre for Service Integration³: "Service integration is the process by which a range of educational, health and social services are delivered in a coordinated way to improve outcomes for individuals and children."

The OISC led the implementation of two major integration initiatives – Healthy Babies Healthy Children and Pre-school Speech and Language.

³ "Prospects for Broad Spectrum Integration of Children's Services in Ontario", delivered by the OISC Assistant Deputy Minister, at "Integration and Incentives in Policy and Delivery: Provincial Reforms and Experience" (August 1998).

Healthy Babies Healthy Children (HBHC)

This is a multi-ministry initiative that is fostering community-based strategies designed to ensure that each community has an integrated system of services and supports to give all children a better start in life. Its stated purpose is to support the development of an early intervention system that gives all Ontario families with children prenatal to 6 years of age access to effective and consistent early intervention services. In order to achieve this purpose, the initiative requires each community to develop and maintain a 'network' of health and social service providers.

Boards of Health throughout the province have been funded to:

- contact each new mother within 48 hours of discharge from hospital to assess the family's needs and offer a home visit by a Public Health Nurse,
- ensure that all families with children (prenatal to age six) are screened and assessed,
- ensure that families which require additional supports/services are linked to appropriate community resources, and
- provide lay home visiting and service coordination for all high risk families with children prenatal to six years.

Boards of Health work with MCSS regional offices as well as community partners, including municipalities, to develop a coordinated system of prevention and early intervention services.

In CMSMs that are regional governments, the municipal councils are also the Boards of Health. Where CMSM councils are not the Boards of Health, the CMSMs are included in the reference or planning groups for HBHC.

Preschool Speech and Language

This initiative focuses on enhancing speech and language services for preschool children as early as possible. Funding is provided for the development of coordinated, community-based services:

- common intake,
- assessment,
- interventions that include education, consultation, mediated and direct therapy,
- transition planning, parent support and education, and
- public awareness/education.

District Health Councils (DHCs) across the province develop plans for preschool speech and language services that integrate MOHLTC and MCSS funded services. The guidelines require the DHCs to involve MCSS regional offices, boards of education, and other stakeholders in the planning process.

OTHER INTEGRATION INITIATIVES

Two other major initiatives have focused on developing streamlined, accessible, and client-focussed service systems:

Making Services Work for People (MSWFP)

MSWFP is a multi-year initiative intended to restructure social services for children and people with developmental disabilities. The goal is to create a shift from services that are overlapping, inefficient and frustrating to find, to services that are easier to find, more effective and available earlier, before people's needs become more serious. The Ministry is requiring service providers, volunteers, communities and service users to work in partnership to take on more responsibility for developing a system that focuses on the needs of individuals and families, responds more quickly, and uses resources more effectively.

Integrated Services for Northern Children (ISNC)

ISNC is an interministry, inter-agency and interdisciplinary service delivery model that has been operating across rural and remote parts of Northern Ontario since 1989. The goal of ISNC is to provide more effective and fully integrated health, mental health and education services for children with special needs. These services are delivered in a linguistically and culturally appropriate manner and as near to the child's home community as possible. Service delivery crosses the traditional service responsibilities of many agencies, Ministries and professional disciplines.

Appendix C: Survey Questionnaire

The questionnaire package contained an introduction describing the context for the survey and an overview of the conceptual framework; a glossary; questions pertaining to an existing integration initiative or approach; and several questions asking about future plans for integration. The table below shows the questions dealing with existing initiatives or approaches.

Part I – Current Human Service Integration					
Which <u>programs and services</u> , if any, are currently integrated or being integrated in your CSM?					
What are the target groups of these programs/services?					
Describe the integration activities and/or the components of the integration model that have been designed or modified to support integration?					
Please describe the overall purpose of the integration initiative:					
Please rate the importance of each of these possible goals for the integration initiative:					
1 = extremely important 2 = somewhat important 3 = not important					
☐ improving customer service (e.g., greater coordination, improved access)					
☐ increasing operational efficiency (e.g., reduce time, reduce dollars)					
☐ achieving program outcomes; specify :					
☐ other; specify:					
Please describe how the initiative will support each of the goals rated "1" or "2".					
At what stage is your organization in implementing integration of these programs?					
1	2	3	4	5	6
about to be implemented		partially implemented		fully implemented	N/A
Please describe:					

Part II – Supporting Integration

This section asks questions about steps which have been taken to support the integration approach described in Part I. Circle or fill in as appropriate.

Did you restructure for the purposes of integration?

YES NO N/A

If 'yes', please describe what organizational changes were made.

Have special committees or working groups been established to support integration?

YES NO N/A

If 'yes', please describe the committees or working groups which have been established:

Have protocols been developed to support integration, e.g., protocols for sharing of information among the programs/services?

YES NO N/A

If 'yes', please describe the protocols that have been developed:

Have CMSM policies that include objectives related to the integration initiative been developed, e.g., priority for child care fee subsidy for OW participants, or, increased coordination of services for employed persons within the community?

YES NO N/A

If 'yes', please describe.

Have you changed your service standards to include expectations related to integration, e.g., referrals within a certain number of days?

YES NO N/A

If 'yes', please describe the service standards and how they were changed:

Was additional federal, provincial or community funding allocated to support integration?

YES NO N/A

What was the source of the funds and what were they used for?

Please identify any community activities, e.g., joint planning or consultation, which have had an effect upon the integration of programs or services described in Part I, above.

Please explain how these community activities support or hinder CMSM integration efforts:

Please describe the key lessons you have learned in the course of implementing and/or operating an integrated services model --

- successful practices -- what works well
- the challenges you faced, how these were dealt with, the results
- the preconditions which need to be in place for integration to work -- organization, processes, people, culture...

Appendix D: CMSM Responses by Type of Integration

Integration Approaches	Algoma	Brantford	Bruce	Cochrane	Cornwall	Dufferin	Durham	Grey	Hald/Norfolk	Halton	Ham/Wen	Hastings	Huron
Employment Supports and Services	X	X			X	X				X	X		
Integration of Public Health and Social Services											X		
Co-location of Public Health and Social Services							X						
OW/Dental Services									X	X			
Integrated Services for Children			X					X		X			X
Child Care/Preschool Speech & Language Co-location							X						
Integration of Social Services													
Integration of OW and Child Care				X	X				X				
Integrated Case Management for OW	X			X				X			X		
Integration of Social Housing with other Human Services													
with Social Services		X											
with Social Services and Long Term Care						X							
Homelessness													
LEAP									X			X	
NCB Municipal Reinvestment													

Integration Approaches	Kingston	Lanark	Leeds/Gren	Lenn/Add	Muskoka	Niagara	North UMBER	Ottawa
Employment Supports and Services	X	X	X		X	X	X	X
Integration of Public Health and Social Services								
Co-location of Public Health and Social Services								
OW/Dental Services								
Integrated Services for Children								
Child Care/Preschool Speech & Language Co-location								
Integration of Social Services								
Integration of OW and Child Care						X		
Integrated Case Management for OW						X		
Integration of Social Housing with other Human Services								
with Social Services					X			
with Social Services and Long Term Care								
Homelessness	X		X			X		
LEAP			X					
NCB Municipal Reinvestment	X			X	X			

Integration Approaches	Oxford	Parry S	Peel	Peterb	Rainy R	Renfrew	Sudbury	Toronto	Victoria	Welling	Windsor	York
Employment Supports and Services				X							X	
Integration of Public Health and Social Services												
Co-location of Public Health and Social Services												
OW/Dental Services				X								
Integrated Services for Children												X
Child Care/Preschool Speech & Language Co-location												
Integration of Social Services												
Integration of OW and Child Care		X		X	X		X			X	X	X
Integrated Case Management for OW									X			
Integration of Social Housing with other Human Services						X						
with Social Services												
with Social Services and Long Term Care	X											
Homelessness			X			X		X				
LEAP						X						
NCB Municipal Reinvestment												X